

# ACR #114 Legislative Task Force on Diabetes and Obesity

## MINUTES

OCTOBER 29, 2007 9:00A.M. -12P.M.

LOS ANGELES, CALIFORNIA  
CHILDREN'S HOSPITAL

MEETING CALLED BY	Task Force Chair, Assembly Member Joe Coto
TYPE OF MEETING	Task Force 2nd Meeting
FACILITATOR	Chair, Joe Coto
TASK FORCE MEMBERS PRESENT (IN PERSON)	Senator Alex Padilla, Senator Mark Ridley-Thomas, Assembly member Joe Coto, Assembly member Mervyn Dymally, Assembly member Mary Salas, Dr. M.R.C., Greenwood, Dr. Craig Byus, Dr. Lois Jovanovic, Dr. Fran Kaufman, Dr. Antronette Yancey, Dr. Rudy Ortiz, Dr. Freny Mody (12)
TASK FORCE MEMBER (CONFERENCE CALL)	Dr. Joe Prendergast, Dr. Patricia Crawford
PRESENTERS	Jenney Kattlove (Children's Partnership); Carmela Castellano-Garcia (California Primary Care Association); Leah Cox (California Task Force on Youth and Workplace Wellness); Woodie Tescher (EIP Associates); Margaret Hoyas (California Teachers Association); Catalina Gutierrez (AltaMed Health Services); Heriberto Raudia (AltaMed Health Services); Gloria Yacosa (AltaMed Health Services); Maria Verdugo (Arroyo Vista Family Health Association); Hastolia Magnan (Arroyo Vista Family Health Association); Veronica Gomez (Arroyo Vista Family Health Association)
OTHER ATTENDEES	Patty Cooper (The Biotechnology Foundation); Doctor Fred Levine (UCSD-Department of Pediatrics); Kathleen Mulcahy (Russell Jaffe's Assistant); Gemma Jimenez (Senator Padilla's Office); Patrick McCallum (McCallum Group), Joan Crear (Senator Ridley-Thomas' Office), Keda Alcala-Obledo (Assemblymember Dymally's Office)
RESOURCE STAFF	Lorraine Guerin (Office of Assembly member Coto)

## Agenda

10 MINUTES

### WELCOME AND REVIEW OF HIGHLIGHTS OF LAST MEETING

ASSEMBLYMEMBER JOE COTO

DISCUSSION	<p>Assembly member Coto briefly summarized the discussion from the previous meeting. He highlighted the following facts:</p> <p>Obesity in California:</p> <ul style="list-style-type: none"> <li>▪ is highest among Latinos, African American's, American Indians and Pacific Islanders</li> <li>▪ is highest among low income Californians</li> <li>▪ has increased in adolescence significantly</li> <li>▪ 5.6 million adults are obese and an additional half million adolescents are overweight or obese</li> <li>▪ Overweight prevalence among teens is higher among Latinos and African Americans than whites.</li> </ul> <p>Diabetes in California</p> <ul style="list-style-type: none"> <li>▪ Is the 5<sup>th</sup> leading cause of death by disease in the US</li> <li>▪ Economic costs in 2002 nationwide estimated at \$132 billion (or 1 out of every 10 health care dollars spent)</li> <li>▪ California economic costs are 21.7 billion a year</li> <li>▪ Approximately 1.8 million Californians (7%) have diabetes.</li> <li>▪ Prevalence is higher among Latinos, African Americans and American Indians</li> <li>▪ Prevalence is highest among low-income</li> <li>▪ Causes include inadequate recreational spaces and family economics and marketing practices: <ul style="list-style-type: none"> <li>○ Lack of safe parks and sidewalks</li> <li>○ Cost of healthy food is higher</li> <li>○ Cost of fast food is more affordable to the high risk population</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"><li>○ Healthy foods marketed poorly</li><li>○ Aggressive marketing of unhealthy foods and beverages to the higher risk populations</li></ul> Task Force charge was look into potential physical and nutritional solutions for high risk populations		
LEGISLATOR REMARKS	Senator Padilla commended the Task Force for their work and thanked Dr. Fran Kaufman for getting him involved in this effort years ago. Assembly member Dymally informed the group that the NAACP held a seminar recently in Manhattan Beach on Diabetes and its impact on the African American population. He wants to convene the 8 schools of medicine in the state and continue the dialogue with them on this critical issue. He noted that on a short stretch of I10 and 710, he counted 52 fast food restaurants, highlighting a major source of the problem.		
CONCLUSIONS	Assemblymember Coto presented Dr. Russell Jaffe and the panel members to present possible solutions to some of the causes identified in the previous meeting.		
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE
None from the introduction			

90 MINUTES

### PANEL DISCUSSION ON POTENTIAL PHYSICAL AND NUTRITIONAL SOLUTIONS FOR HIGH RISK

DR. RUSSELL JAFFE, MODERATOR

DISCUSSION	<p>Dr. Jaffee provided an overview of the discussion: California remains in the vanguard of both need and innovation, spearheading appropriate solutions for each constituency served. Fiscal prudence and effective health enhancement outcomes can be balanced as we identify innovative, sustainable, and transparently validated solutions.</p> <p>Proactive, 'upstream' solutions that focus more on causes rather than consequences have been called for by a consensus of the group. For too many, obesity and diabetes add special social, fiscal, environmental, and personal needs as 'taxes of high tech living', particularly the uninsured and the underinsured, where disparities of opportunity already are too common.</p> <p>Better measures of quality and more incentive for quality measures in care are identified as priorities. Professional societies, public health departments, health providers, educators and celebrities can each contribute to promoting health habits in our communities that translate into healthier, more productive, less expensive lives.</p> <p>The panelists then provided insights into aspects of obesity and diabetes as community public health opportunities. The twenty recommendations that emerged are summarized with acknowledgement of the participant who raised each issue for discussion.</p>
PRESENTATION HIGHLIGHTS	<p><b>Jenney Kattlove</b>, Health Policy Manager, The Children's Partnership, brought a message on behalf of California's children. She suggested that priority be given to:</p> <ol style="list-style-type: none"> <li>1. <b>Reducing disparities in healthcare</b> through health insurance for all children in California,</li> <li>2. <b>Applying electronic medical records</b> and appropriate information technology to reduce adverse events and errors that burden tens of thousands of citizens in California each year at costs that are cautiously estimated to be in the billions of dollars each year,</li> <li>3. Enhancing <b>telemedicine</b>: <ul style="list-style-type: none"> <li>• Video conferencing among patient groups,</li> <li>• Transmission of information to improve outcomes,</li> <li>• Extending specialized expertise to the wider community</li> <li>• Engage community pharmacists, public health nurses, and home health aides as carriers of information and inspiration to promote health and reduce risk of costly adverse events</li> </ul> </li> <li>4. Enhancing the <b>information superhighway</b> through hardware, software and the internet to spread access more equitably in communities applicable solutions to health needs that are cost and outcome effective,</li> </ol> <p><b>Carmela Castellano-Garcia</b>, President and CEO of California Primary Care Association spoke on behalf of community clinics and called for:</p>

	<p>5. <b>Health insurance</b> for the 1 in 3 uninsured and underinsured children in California,</p> <p>6. <b>Activity, food, attitudes, and environments</b> that promote health and prevent chronic disease progression gain even higher priority through hearings, media education, and public health information campaigns such as those done by the Ad Council,</p> <p>7. <b>Health aides</b> that serve as care management coordinators can contribute to better outcomes that allow health professionals to focus their expertise on complex cases. This includes more clear and reinforced communication about 'what, how, and why'. This also means more quantitative measures of outcomes (being developed) to document results.</p> <p>8. <b>Collaborations</b> between academic research centers and community health services providers are identified as opportunities to translate promise into practice. This includes health economists, computer data specialists, anthropologists and practitioners. Legislative initiatives to enhance collaborations between disciplines as well as through public private partnerships are specifically encouraged,</p> <p>9. <b>Reimbursement mechanisms</b> that are flexible enough to promote better outcomes and 'best practices'</p> <p><b>Leah Cox</b>, Executive Director California Task Force on Youth and Workplace Wellness, spoke on behalf of workplace wellness programs. She encouraged:</p> <p>10. Implementing <b>workplace wellness programs</b> so that employers and unions, business and consumers, providers and payors are engaged in a common focus on obesity prevention programs,</p> <p>11. Promoting the returns for businesses - a \$3 return on investment for each \$1 invested in workplace wellness programs can be achieved within 3-4 years,</p> <p>12. <b>Using Health risk assessments</b> that identify risk earlier are recommended,</p> <p>13. <b>Integrating workplace wellness</b> in the overall health promotion actions to achieve synergies of benefits.</p> <p><b>Woodie Tescher</b> Director of Urban Planning and Design for EIP Associates, a division of PBS&amp;J, addressed land use and urban planning. He suggested that:</p> <p>14. <b>Planning</b> environment &amp; transportation systems that can enable health by their emphasis on walking or biking, on recreation spaces &amp; places that encourage activity so that benefits for health, commerce, and environment are included</p> <p>15. Developing creative <b>public private partnerships</b> and <b>financing mechanisms</b> to implement these opportunities,</p> <p>16. <b>Capitalizing on synergies</b> whenever possible. Health and productivity are promoted by use of sunlight whenever possible and full spectrum light when needed. Similarly, use of renewable and sustainable building materials can reduce rather than increase the chemical load our bodies have to metabolize and detoxify</p> <p><b>Margaret Hoyos</b>, California Teachers Association (CTA) represented school personnel and suggested:</p> <p>17. Better <b>learning spaces</b> in schools, healthier food choices and better nutrition education as ongoing priorities. Actionable, applicable information does motivate sustained action in the community. We need more clarity about what healthier choices mean for each individual,</p> <p>18. Providing all children with at least one healthy meal per day and enough sunlight and activity to promote their growth &amp; well being during the school day,</p> <p>The meeting included <b>Community-Patient Representatives</b> from East Valley Clinic whose examples give urgency and encouragement to the task force's mission. They encouraged:</p> <p>19. More education and training opportunities for parents.</p> <p>20. To get the schools involved in all aspects of the issue.</p>
CONCLUSIONS	<p>1) IT WAS RECOMMENDED THAT THE TASK FORCE HAVE A HEALTH ECONOMIST AT THE NEXT MEETING TO ADDRESS THE ISSUE BEFORE LEGISLATION IS PROPOSED. TOO OFTEN LEGISLATION GETS KILLED BECAUSE OF THE IMPACT ON THE ECONOMY.</p> <p>DR. GREENWOOD AND PATRICK MCCULLUM HAD SUGGESTIONS OF POSSIBLE EXPERTS IN THIS AREA</p>

	2) DR. LOIS JOVANOVIC OFFERED TO PREPARE A PRESENTATION ON USING THE PREGNANT MOTHER AS A MEANS OF EDUCATING A FAMILY ON NUTRITION AND THE DANGERS OF OBESITY	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Follow up on securing health economist for next meeting	Joe Coto	Next taskforce meeting
Confirm presentation by Dr. Jovanovic	Lorraine Guerin	Next taskforce meeting

10 MINUTES

### EXERCISE BREAK

PROFESSOR ANTRONETTE YANCY

DISCUSSION	Dr. Yancy discussed the importance of activity to keep the body in shape. She shared a video she had developed and is being used by her and many other professors to encourage activity. Everyone engaged in a 10 minute exercise activity led by Professor Yancy, using the video as a guide.	
CONCLUSIONS	Simple routines like the one demonstrated could be used in classrooms or workplaces to engage people in activity. To view or order the video tape – visit <a href="http://www.ph.ucla.edu/cehd">www.ph.ucla.edu/cehd</a> or complete the attached form.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None from this discussion		

15 MINUTES

### CLOSING REMARKS-NEXT STEPS

ASSEMBLY MEMBER CHAIR, JOE COTO

DISCUSSION	Assembly member Coto thanked everyone for participating and providing expert knowledge, insight and opinion. He acknowledged the panel of presenters and the moderator, Dr. Jaffe. Mr. Coto expressed appreciation to the community members for their helpful insight. The <b>California Biotechnology Foundation</b> was acknowledged for providing lunch for this Task Force Meeting and special thanks were given to the <b>Children’s Hospital USC (Dr. Francine Kaufman, Daisy Mondaca</b> and her staff) for hosting the meeting.		
	He expresses appreciation to the <b>The California Endowment, Sierra Health, and California Wellness Foundation</b> for their support and leadership.		
	Mr. Coto also thanked Professor Yancy for working up everyone’s appetite.		
	Brief closing remarks were made by Senator Padilla, Senator Ridley Thomas, Assembly member Mary Salas and Assembly member Dymally. They reinforced the importance of the work being done by the committee and thanked all the participants. Senator Ridley-Thomas discussed a subcommittee on Work Force Preparation that could also help move this agenda by working with businesses.		
SUMMARY AND CONCLUSIONS			
Adjourned: 12:15p.m.			
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE
Tri-Caucus meeting –sharing of minutes		Coto, Ridley-Thomas, Hayashi	November 30, 2007
Dissemination of minutes to all		Lorraine Guerin	Prior to Next Meeting